

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-25-99
O.I.P.E. CLASSIFIER		5	8-27-99
FORMALITY REVIEW		61001	9/2

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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